

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09704916
APPLICANT(S)

FILING DATE
11-02-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57		✓				
8		✓					58		✓				
9		✓					59		✓				
10		✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15		✓					65	✓					
16		✓					66		✓				
17		✓					67		✓				
18		✓					68		✓				
19		✓					69		✓				
20		✓					70		✓				
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31	✓						81						
32		✓					82						
33		✓					83						
34		✓					84						
35		✓					85						
36		✓					86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	62	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	64					